



What Motivates People to Exercise?

Reasons and strategies for exercise adherence.

Although the list of exercise benefits is impressive, it is apparent that just hearing about them does not assure consistent exercise compliance in most individuals. Regular exercise is a complex, multifactorial behavior that fitness professionals and scientists need to understand better in order to help clients stay active and healthy.

Research suggests that 50% of persons starting an exercise program will drop out within the first 6 months (Wilson & Brookfield 2009). This column will update what is currently known about exercise adherents and dropouts and will describe strategies that exercise professionals can use with clients.

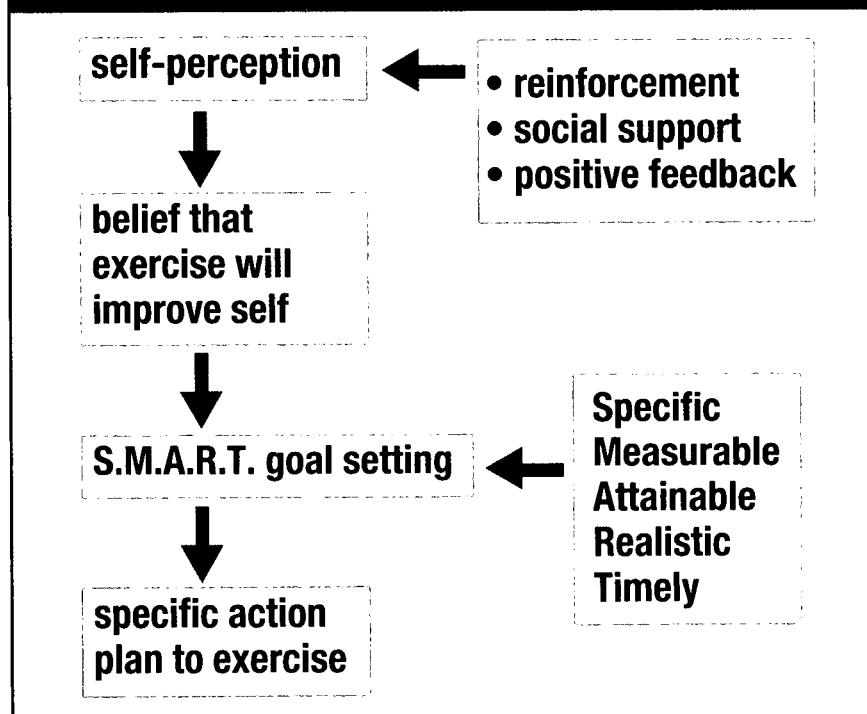
The Process That Leads to Exercise Participation

According to Whaley and Schrider (2005), how people view themselves—based on past experiences and current reality—soundly influences their physical activity choices. Self-perception plays a major role in whether people will start exercising, and it may impede some individuals from beginning a program even if exercise has been recommended for medical reasons. In fact, some people may view themselves as incompetent without ever trying to exercise. Fortunately, these inhibiting self-perceptions are modifiable, especially with social support and encouragement from others (particularly exercise professionals).

On the other hand, note Whaley and Schrider, future hopes may motivate people to exercise. For instance, a person who

wishes to be independent in older adulthood may begin an exercise program and stay physically active to reach that goal. Whaley and Schrider assert that research consistently shows that positive feedback (from exercise professionals), reinforcement (that exercise is worthy and beneficial) and social support (from significant others) improve self-perception in ways that can help a person initiate an exercise program (see Figure 1). >>

Figure 1. Self-Regulatory Strategy to Initiate an Exercise Program



What Motivates People to Continue to Exercise?

Trost et al. (2002) completed an exhaustive review of the correlates of participation and adherence to exercise. They followed previous research review designs in designating the following major categories: (1) demographic and biological factors; (2) psychological, cognitive and emotional factors; (3) behavioral attributes and skills; (4) social and cultural influences; and (5) physical environment and/or physical activity characteristics.

Demographic and Biological Factors.

Trost et al. note that men are more involved than women in physical activity, according to the research. Moreover, being overweight and/or obese consistently proves to be negatively associated with exercise adherence.

Psychological, Cognitive and Emotional Factors. The primary psychological factor associated with exercise adherence is a person's physical self-efficacy (Trost et al. 2002). Self-efficacy is a person's confidence in her or his ability to do exercise and be consistent with workouts. Huberty et al. (2008) propose that high self-efficacy is particularly important for exercise adherence among women.

Self-worth (i.e., the foundations of a person's specific values about exercise) is also a key factor in exercise adherence for women. The more people think they can successfully do exercise, the more likely they are to adhere to an exercise program. For exercise adherents, the motivation to exercise is intrinsic (based on the expected enjoyment) (Huberty et al. 2008). The influence of exercise professionals in empowering clients to "succeed with exercise" is vitally important for exercise compliance. Designing programs in which clients are "successful" in doing the exercises is essential. This is a unique validation for the concept of individualized exercise programs.

Behavioral Attributes and Skills. More research is necessary to determine what other behaviors (such as diet, sleep, smoking, alcohol use, etc.) are associated (or not) with exercise adherence. It appears there is a positive association between a healthy diet and exercise adherence. Seguin et al. (2010) observe that the affirmative health-related outcomes that people detect and appreciate from an exercise program are a principal catalyst to

exercise compliance. It is key to acknowledge that truly realizing these healthy outcomes often takes months from the start of the program. Huberty et al. (2008) state that consistent exercisers seek a high quality of life and prioritize special time in their schedule to be physically active: "I am going to my personal training session because I want to, because it makes me feel good and because I'm worth the time."

These authors note that enjoying how exercise improves quality of life is a major motivating factor in keeping people exercising. Specific knowledge of actual fitness gains being achieved is also quite motivating to many individuals and increases their competence and exercise adherence. Thus, doing assessments and reporting improvements is critically important and encouraging in regard to exercise commitment. Whaley and Schrider note that positive feedback and knowledgeable guidance from a fitness professional, within a supportive exercise atmosphere, is also consequential to compliance. As exercise proficiency improves, people develop confidence that they can reach new, more specific and more chal-

lenging goals, and thus (with the help of their personal trainer) they set these new goals into action.

Social and Cultural Support. Numerous studies show that social support from a significant other or meaningful friend is highly associated with exercise adherence (Trost et al. 2002). For exercise professionals, partnering clients with an exercise buddy or within a workout group of supportive exercise enthusiasts routinely helps to build social-support networks. Additionally, small-group training, cardio clubs, boot camps and fitness workout camps are excellent programs for enhancing adherence in exercisers.

Physical Environment and/or Physical Activity Characteristics. It appears that easy access to exercise facilities enhances exercise adherence (Trost et al. 2002). Also, satisfaction with a workout facility (i.e., the perception that equipment is safe and the facility is user-friendly) is also highly associated with exercise adherence. Interestingly, watching others exercise also helps motivate people to continue with their own workout plan. Seguin et al. (2010) emphasize that there is a signifi-

Figure 2. Fitness Professional Characteristics Associated With Client Exercise Adherence



Strategies for Overcoming Barriers to Exercise

Barrier	Strategy
lack of time	Help the client plan, organize and prioritize exercise.
lack of motivation	Try new and different exercise options. Find ways to make the workout more enjoyable, such as playing the client's favorite music when training.
poor body image	Have the client focus on personal accomplishments and not compare herself with others. Focus client education on the many health and lifestyle benefits of exercise.
need for support	Arrange to have the client exercise with a partner or with a small group of colleagues.
guilt	Discuss how the client can seek the support of family (and friends) so that he or she does not feel guilty about the time spent exercising. For instance, the client can explain that by getting healthier he or she will have more energy and vitality to spend with family and friends.

Source: Adapted from Huberty et al. 2008.

cant relationship between a personal training client's exercise adherence and the trainer's leadership style. Exercise leaders who are perceived to have a high mastery of exercise (developed from their own training, exercise habits and lifestyle) favorably influence client exercise adherence. Thus, fitness professionals may be esteemed role models for their clients (see Figure 2 for other fitness professional

characteristics associated with client exercise adherence).

Exercise Dropouts

People are prone to dropping out if exercise does not meet their expectations (Whaley & Schrider 2005). Thus, a person who expects to lose a lot of weight from exercise and does not is likely to abandon the exercise program. This il-

lustrates how "realistic" weight loss goals, presented in an "attainable timeline" (see Figure 1 for all S.M.A.R.T. goals), are imperative for adherence. Common barriers to exercise are shown in Figure 3.

Perhaps not surprising, but confirmed in the research, is that people who smoke are less likely to adhere to an exercise program (Trost et al. 2002). Furthermore, people with low self-worth (i.e., self-doubt, insecurity, negative self-talk) and poor body image are more likely to be exercise dropouts (Huberty et al. 2008). These individuals tend to place less value on the benefits of physical activity compared with those who adhere to exercise. Huberty et al. add that exercise dropouts often worry a lot about how others perceive their exercise abilities (or lack of them).

Personal trainers should ask clients to identify their barriers to exercise and then jointly discuss possible ways to triumph over them (see the sidebar "Strategies for Overcoming Barriers to Exercise").

Based on the issues delineated here, it may be most helpful for fitness professionals to openly discuss barriers to exercise with their clients and then proactively create some strategies to overcome these hurdles. As professionals, we plan scientifically based exercise programs that are tailored to the needs of individuals. Now is the time to design evidence-based adherence strategies to empower clients to exercise for life. ■

Figure 3. Common Barriers to Exercise



Source: Seguin et al. 2010; Trost et al. 2002.

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